Summer Enrichment Program Intern Commitment Form

The SEP places diverse students pursuing advanced degrees in internships at hospitals and health care organizations throughout the nation. Experienced health care leaders mentor students, and host sites gain access to up-and-coming, diverse talent. Interns not only gain broad exposure to their host site’s staff, stakeholders and challenges, but SEP interns also complete an independently-designed special project, intended to benefit the hospital after the internship concludes.

Since the program’s inception, the Institute has placed more than 1,500 students in internships. Many former SEP interns are now CEOs and executives at health care organizations across the country.

The following is an overview of what to expect from the SEP and what interns are responsible for. Please review, sign, and submit this document to communicate your interest and commitment to participate in the Summer Enrichment Program.

Contact Information
Name:
Email:
Phone:

Pre-SEP Checklist
- Application completed with all documents
  □ Your Letter of Introduction (1-2 pages, telling us more about yourself)
  □ A Current Academic Resume
  □ Current College Transcript (You may upload an unofficial copy from your college website. Your name, college and major must be listed)
  □ Two (2) Letters of Recommendation (Preferably from a current dean, professor or recent employer)
  □ One current, professional digital photograph of yourself uploaded to your profile page
  □ Completed, uploaded copy of the SEP Intern Commitment Form
- After being “matched” to a Host Site, research the facility prior to your phone interview
- Identify housing options near the host site. You are responsible for securing your own housing.
- Research and secure reliable means of transportation to and from your host site. You are responsible for securing your own transportation.
- Download the SEP Intern Handbook

For questions or concerns about the SEP, please contact us at IFD-SEP@aha.org
SEP Duration Checklist

- Attend SEP educational webinars
- Attend new employee orientation / Tour of the facility upon arrival
- Participation in the SEP Photo Project. *(Document your experiences with pictures)*
- Regularly scheduled weekly meeting between SEP intern and preceptor
- Completion of Special Project(s)
- Attend/participate in Department Meetings, Staff Meetings & Board Meetings
- Special Project presentation to appropriate senior leadership
- (2) Hospital visits at offsite healthcare locations (1 per month)

Post-SEP

- Attendance of the SEP graduation webinar
- Exit Interview / Resume Review
- Completion of the SEP Intern Feedback Survey

By signing this commitment form I understand:

☐ The SEP is a 10-week full-time (40 hours a week) commitment – NO EXCEPTIONS
☐ I will be responsible for my own housing
☐ I will be responsible for my transportation to, from and during my internship
☐ I will conduct myself in a professional manner with the Institute and Health Care Organizations
☐ I will be paid $15 per hour/$600 a week – Compensation is non-negotiable
☐ I will adhere to the Host Site’s policies and procedures applicable to the interns for the duration of the internship (i.e. termination, sick time, holiday pay, etc.)
☐ If I am no longer interested in participating in the Summer Enrichment Program, I will notify the Institute for Diversity and Health Equity. If I do not notify the Institute, I will not be able to participate in future SEP and/or FEP.

☐ Image Use
*By signing the document, below, you concede the right to the Institute for Diversity and Health Equity to use your digital imagery for promotional purposes for the SEP/FEP or educational programs.*

☐ Liability
*By signing the document, below, you indemnify and hold harmless the Institute for Diversity and Health Equity and its officers, agents, and employees from all suits, actions, losses, damages, claims, or liability of any character, type, or description, including without limiting the generality of the foregoing all expenses of litigation, court costs, and attorney's fees for injury or death to any person, or injury to any property, received or sustained by any person or persons or property, arising out of, or occasioned by participation in the Summer Enrichment Program.*

**Signature**

Type name as signature: ____________________________ Date: ____________________________

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